

| AMENDMENT TRANSMITTAL LETTER | | | | | ATTORNEY'S DOCKET NO. RD-29326 | |
|---|--|---------------|--|--|-----------------------------------|--------------------------|
| SERIAL NO. | FILING DATE | EXAMINER | | | GROUP ART UNIT | |
| 10/064.152 | 06/14/07 | L. B. Kiliman | | | 1773 | |
| IN RE APPLICATION OF Krishnamurthy Anand et al. FOR COATED FERROMAGNETIC PARTICLES AND COMPOSITE MAGNETIC ARTICLES THEREOF | | | | | | |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| (1) | (2) CLAIMS REMAINING AFTER AMENDMENT | (3) | (4) HIGHEST NUMBER PREVIOUSLY PAID FOR | (5) NO. OF EXTRA CLAIMS PRESENT | (6) RATE | (7) ADDITIONAL FEE |
| TOTAL CLAIMS | 38 | MINUS | 38 | 0 | X \$18.00 | \$0.00 |
| INDEP. CLAIMS | 7 | MINUS | 4 | 3 | X \$80.00 | \$258.00 |
| ADDITIONAL FEE FOR USE OF MULTIPLE DEPENDENT CLAIM(S), IF NOT PAID PREVIOUSLY (once per application) | | | | | X \$290.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$258.00 | |
| <p>* If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> Please charge \$258.00 to my Deposit Account No. 07-0868.</p> <p><input checked="" type="checkbox"/> The Assistant Commissioner is hereby authorized to charge all required fees under 37 C.F.R. 1.16 or 1.17 or credit any overpayment to Deposit Account No. 07-0868.</p> <p>Three copies of this sheet are enclosed.</p> <p><u>June 14, 2004</u> date</p> <p>Telephone No. (518) 387 6648 or (518) 387-7122</p> <p><u>Tom P.V.</u> Attorney or agent of record Tom P. Vu Reg. No. 43,225</p> <p>I hereby certify that this correspondence is being transmitted to the United States Patent and Trademark Office facsimile number 703-872-9306, on</p> <p>_____ Date of Facsimile Transmittal</p> <p>_____ Type or Print Name</p> <p>_____ Signature</p> <p>CRD Pat. Form 3 (10/01/01)</p> | | | | | | |

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